**STATE OF INDIANA ) Cause Number(s): 48C02-\_\_\_\_\_\_-\_\_\_-\_\_\_\_\_**

**)SS: 48C02-\_\_\_\_\_\_-\_\_\_-\_\_\_\_\_**

**MADISON COUNTY ) 48C02-\_\_\_\_\_\_-\_\_\_-\_\_\_\_\_**

**IN THE MATTER OF THE EXPUNGEMENT OF JUVENILE DELINQUENCY RECORDS FOR** Full Legal Name

**VERIFIED PETITION FOR EXPUNGEMENT OF JUVENILE DELINQUENCY RECORDS**

I, Full Legal Name state the following in support of this *Verified Petition for Expungement and Sealing of Record of Arrest, Criminal Charges or Juvenile Delinquency Allegations* pursuant to IC 31-39-8:

1. I was arrested for or charged with the following delinquent acts that I am seeking to expunge (see attached facesheet which is considered part of this petition)
2. The allegation(s)/petition(s) were filed in the Madison County Circuit Court Division 2.
3. The law enforcement agency/agencies employing the charging officer/officers are

List agency/agencies (if known).

1. I was born on Date of Birth.
2. My Social Security Number is ­­­­SSN.
3. My current address is: Street Address

City, State, Zip

1. Check one of the following:
   1. I have NO other juvenile delinquency, child in need of services, or adult cases or charges AFTER the case(s) I am trying to expunge.
   2. I have had other juvenile delinquency, child in need of services or adult cases or charges after the case(s) I am trying to expunge.
      1. Date -Offense – Cause No.
      2. Date -Date – Date
      3. Date -Date – Date
2. I am requesting that my records be expunged because: (optional information for the Court to consider: Click or tap here to enter text.

Wherefore, I respectfully request the Court order that all records, paper or electronic be removed from the files of the court, all law enforcement agencies, and/or all service providers involved in my case(s).

I also request that all paper records be destroyed and that electronic data from those records be maintained by the court on a secure database that does not enable my identification to the public or another person not having legal or statutory authority to access said records.

**I affirm under penalties of perjury that the above information is true to the best of my knowledge and belief.**

Respectfully submitted,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed name Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Petitioner additional contact information:

Telephone Number: Click or tap here to enter text.

Email Address: Click or tap here to enter text.